



CITY OF HOUSTON
Office of the Mayor
AFFIRMATIVE ACTION AND CONTRACT COMPLIANCE
611 Walker Street, 7th Floor Houston, Texas 77002
P. O. Box 1562, Houston, Texas 77251-1562 (713) 837- 9000

MINORITY / WOMEN / DISADVANTAGE and / or PERSONS with DISABILITIES BUSINESS
ENTERPRISE PROGRAM

NO CHANGE AFFIDAVIT

1. Name of Firm _____
2. Owner's Full Name _____ Social Security Number _____
3. Telephone Number _____ Fax Number _____
4. Business Address _____
(City) (State) (Zip Code)
5. Mailing Address _____
(City) (State) (Zip Code)
6. Please submit a letter to our office on any changes in your company's capability.
7. Has the legal structure, ownership, management or control of your company changed since your last certification? Yes _____ No _____ If yes, please explain.
8. List the number of employees: Full-Time _____ Part-Time _____ Contract _____
9. Do you have ownership or share in the management of another firm(s)? Please provide the name of the firm(s) and your ownership percentage. _____

10. Company Income Tax Identification Number: _____
11. E-mail Address _____
12. Internet Web Page/URL Address _____
13. Is there a license/certificate required to operate your business? Yes _____ No _____ If yes, please include a copy.
14. Have you included your Income Tax Forms from the previous year? Yes _____ No _____

STATE CERTIFICATION REQUIREMENTS

15. If you are interested in becoming a HUB, please check the appropriate response, thus authorizing the release of information by our office. Yes _____ No _____
16. Check the appropriate: US Citizen (born or naturalized) _____ Resident Alien _____
17. Location of company headquarters (City and State) _____
18. Is the applicant a veteran? Yes _____ No _____ If yes, list the conflict served. _____

AFFIDAVIT

I HEREBY DECLARE AND AFFIRM THAT I AM THE OWNER of _____
_____ whose address is _____

(Name of Firm)

(Include, City, State and Zip Code)

I DECLARE AND AFFIRM THAT THERE HAVE BEEN NO CHANGES IN THE CIRCUMSTANCES
OF _____ AFFECTING ITS ABILITY TO MEET

(Name of Firm)

THE SIZE, DISADVANTAGED STATUS, OWNERSHIP, OR CONTROL REQUIREMENTS OF 49
CFR PART 26. THERE HAVE BEEN NO MATERIAL CHANGES IN THE INFORMATION
PROVIDED WITH _____ APPLICATION FOR CERTIFICATION,

(Name of Affiant/Owner)

EXCEPT FOR ANY CHANGES ABOUT WHICH YOU HAVE PROVIDED WRITTEN NOTICE TO THE CITY OF HOUSTON UNDER
26.83(l). _____

(Name of Firm)

MEETS SMALLBUSINESS ADMINISTRATION (SBA) CRITERIA FOR BEING A SMALL BUSINESS CONCERN AND ITS
AVERAGE ANNUAL GROSS RECEIPTS (AS DEFINED BY SBA
RULES) OVER THE FIRM'S PREVIOUS THREE FISCAL YEARS DO NOT EXCEED THE SIZE-STANDARD FOR MY
CLASSIFICATION.

WE REQUIRE THAT YOU SUBMIT WITH THIS AFFIDAVIT DOCUMENTATION OF THE FIRM'S SIZE AND GROSS RECEIPTS
IN THE FORM OF THE PREVIOUS YEAR'S PERSONAL AND BUSINESS INCOME TAX RETURNS. APPLICANTS APPLYING
FOR DBE CERTIFICATION MUST COMPLETE THE PERSONAL FINANCIAL STATEMENT INCLUDED WITH THIS AFFIDAVIT.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTY OF PERJURY THAT THE CONTENTS OF THE FOREGOING
DOCUMENT ARE TRUE AND CORRECT, AND THAT I AM THE OWNER OF THE ABOVE COMPANY.

(Date)

(Affiant/Owner)

State of__ County of _____ City of _____

On this _____ day of _____, 20_____, before me, _____,
the undersigned officer, personally appeared _____, known to me
to be the person described in the foregoing Affidavit and stated on his /her oath that he/(she is over 18 years of age, of
sound mind, capable of making this Affidavit, and has personal knowledge to facts stated in it and that he/she executed the
same in the capacity therein stated and for the purpose therein contained.

In witness thereof, I hereunto set my hand and official seal.

(Seal)

(Notary Public)

My Commission Expires: _____

*** PLEASE RETURN THIS ORIGINAL FORM, RETAINING A COPY FOR YOUR RECORDS. ***



CITY OF HOUSTON, MAYOR'S OFFICE
AFFIRMATIVE ACTION AND CONTRACT COMPLIANCE DIVISION
ADDENDUM TO DISADVANTAGED BUSINESS ENTERPRISE (DBE)
CERTIFICATION APPLICATION
Personal Financial Statement

Complete this form for: (1) each socially and economically disadvantaged proprietor, or (2) each socially and economically disadvantaged limited and general partner whose combined interest totals 51% or more, or (3) each socially and economically disadvantaged stockholder making up 51% or more of voting stock. An individual's Personal Net Worth includes only his or her separate property and his or her own share of assets held jointly or as community property with the individual's spouse.

Name:	Business Phone:
Residence Address:	Residence Phone:
City, State & Zip Code:	
Business Name of Applicant:	

DETERMINATION OF SOCIAL DISADVANTAGE

I certify that I am, in fact, socially and economically disadvantaged in accordance with 49CFR part 26.

Signature: _____ Owner Title: _____

PERSONAL FINANCIAL STATEMENT

In determining net worth, EXCLUDE individual ownership interest in the _____ As of _____, _____
applicant firm and individual equity in primary residence. (Date)

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand and in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others (Describe in Section 1)	\$
IRA or Other Retirement Account	\$	Installment Account (Auto)	\$
Accounts and Notes Receivable	\$	Installment Account (Other)	\$
Life Insurance – Cash Surrender Value Only (Complete Section 7)	\$	Loan on Life Insurance	\$
Stocks and Bonds (Describe in Section 2)	\$	Mortgages on Real Estate [Except for personal Residence] (Describe in Section 3)	\$
Real Estate [Except for personal residence] (Describe in Section 3)	\$	Unpaid Taxes (Describe in Section 5)	\$
Automobile(s) – Present Value	\$	Other Liabilities (Describe in Section 6)	
Other Personal Property (Describe in Section 4)	\$	Total Liabilities	\$
Other Assets (Describe in Section 4)	\$	Net Worth	
Total Assets	\$	(Total Assets minus Total Liabilities)	\$

Source of Income		Contingent Liabilities	
Salary/Commissions	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgements	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (*Describe below)	\$	Other Special Debt	\$

*

Section 1. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc)	How Secured or Endorsed Type of Collateral

Section 2. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

NOTE: Must be within five (5) days of statement date

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 3. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 4. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

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Section 5. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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Section 6. Other Liabilities. (Describe in detail.)

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Section 7. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

Section 8. Transfer of Assets.

Have you, the individual claiming disadvantaged status, transferred any assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? _____YES _____NO

If yes, provide the following information as an attachment: the date of transfer, to whom the assets were transferred, amount paid for the assets, the market value of the assets at the time of transfer.

NOTE: Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions such as birthdays, graduations, anniversaries, and retirements; and may also exclude any transfers to an immediate family member for educational, medical or essential support purposes.

[Please provide copies of complete, signed, personal income tax returns, including all schedules for all individuals claiming disadvantaged status for this DBE business.]

I authorize the Affirmative Action and Contract Compliance Office of the City of Houston to verify the accuracy of the statements made, in order to determine whether I meet the standards of economic disadvantage for participation in the DBE Program. The City of Houston reserves the option to require either a Full Audited Financial Statement, a Reviewed Financial Statement, or a Compiled Financial Statement.

The Statements made in this document are true and correct to the best of my belief.

Signature:	Title:	SSN:	Date:

STATE OF _____

COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me by _____

this _____ day of _____, _____.

Notary Public in and for the State of _____

NOTES: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a Small Disadvantaged Business Concern, or makes any false statement in order to influence the certification process in any way, or to obtain a Federal contract shall be subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both, for violating Federal laws.

THIS DOCUMENT IS REQUIRED BY U.S. DEPARTMENT OF TRANSPORTATION REGULATIONS 49 CFR PART 26. YOU MAY PHOTOCOPY FORM, AS NEEDED.